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CONFIRMATION NO. 5218

<b>SERIAL NUMBER</b> 10767,330	<b>FILING OR 371(c) DATE</b> 01/30/2004 <b>RULE</b>	<b>CLASS</b> 378	<b>GROUP ART UNIT</b> 2882	<b>ATTORNEY DOCKET NO.</b> K2020.0002/P002
<b>APPLICANTS</b> Yoshihiko Nagamine, Hitachi, JAPAN; Shinichiro Fujitaka, Hitachi, JAPAN; Takurou Honda, Mito, JAPAN; Hiroshi Akiyama, Hitachiohta, JAPAN;				
<b>** CONTINUING DATA *****</b> <i>none TPA</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>verified TPA</i> JAPAN 2003-058199 03/05/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/15/2004</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>TPA</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 18
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 24998				
<b>TITLE</b> Patient positioning device and patient positioning method				
<b>FILING FEE RECEIVED</b> 1772	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	